



APPLICATION FOR HOMEOWNER PERMIT

DBS use only

P#
Date:

Please fill out this application completely and submit with payment. If you have questions or need assistance completing the application, please call the Division of Building Safety. Please note: permit fees are non-refundable and non-transferable.

HOMEOWNER NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

EMAIL ADDRESS (REQUIRED): _____

SELECT THE METHOD YOU WISH TO RECEIVE YOUR PERMIT:

EMAIL MAIL FAX

DESCRIPTION OF WORK: _____

JOB SITE ADDRESS: _____

CITY: _____ ZIP: _____ COUNTY: _____

DIRECTIONS TO JOB SITE: _____

(If known) LOT: _____ BLOCK: _____ SUBDIVISION: _____

AN ADDITIONAL \$65 FEE MAY BE ASSESSED if the location is not clearly given either by directions or an attached map

THIS PERMIT APPLICATION IS NOT AN INSPECTION REQUEST. Please call 1-800-839-9239 or go to dbs.idaho.gov to schedule your inspection.

We Accept: cash, check, money order, Visa, MasterCard, American Express and Discover. Make checks payable to the Division of Building Safety or DBS	GRAND TOTAL FEES PAID*	
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*Please use the worksheet on page 2 to determine the total fees and enter the amount to be paid here.

PUBLIC RECORDS NOTICE— Business information such as your company address and phone number is regarded as public information according to the Idaho Public Records Act. Your business address and phone number may be provided to a third party upon written request.

I certify that I am the owner of the residential property and will personally perform the work covered by this permit. I recognize this permit is only valid for work on a primary or secondary residence and associated outbuildings not used for commercial purposes or rented by a tenant. By signing this, I accept responsibility for all the work being performed, and understand that all work must be inspected by the Division of Building Safety. I attest that I have read DBS guidelines concerning electrical installations being performed by homeowners. https://dbs.idaho.gov/programs/electrical/guidelines/homeowner_guidelines.html

DATE: _____

SIGNATURE: _____

PRINTED NAME: _____



ELECTRICAL PERMIT WORKSHEET (FEE SCHEDULE)

This worksheet must accompany the Homeowner Application. Use this worksheet to calculate the fees and transfer the grand total to the application.

RESIDENTIAL

Total \$

<ul style="list-style-type: none"> • New: Single Family Dwelling, including all associated outbuildings in connection with primary or secondary residence. <ul style="list-style-type: none"> * Based on living space (<i>see definition below</i>) <ul style="list-style-type: none"> <input type="checkbox"/> Up to 1,500 sq.ft. \$130 <input type="checkbox"/> 1,501 to 2,500 sq.ft. \$195 <input type="checkbox"/> 2,501 to 3,500 sq.ft. \$260 <input type="checkbox"/> 3,501 to 4,500 sq.ft. \$325 <input type="checkbox"/> Over 4,500 sq.ft. \$325 plus \$65 for each additional 1,000 sq.ft. or portion thereof \$325 + (\$65 x # of additional 1,000 sq.ft. or portion thereof) • Manual S, J, & D Review - \$25 (Required when installing the primary heating and/or cooling system) 	Total Square Footage _____ \$ _____
<input type="checkbox"/> Existing Residence <input type="checkbox"/> Modular, Manufactured or Mobile Homes <input type="checkbox"/> Detached Shop: <p style="margin-left: 20px;">\$65 fee plus \$10 per <u>additional</u> branch circuit, up to the maximum of the corresponding sq. of the building (one circuit is included in the \$65.00)</p> <p style="margin-left: 20px;">\$65 + (\$10 x # of additional branch circuits)</p>	\$ _____
<input type="checkbox"/> Temporary Construction Services Only (200 amp or less, one location): \$65.00 <input type="checkbox"/> Pumps – Water, Irrigation, Sewage (each motor): \$65.00 up to 25HP	\$ _____ \$ _____
<input type="checkbox"/> Plan Check Fee: \$65 per hour, required for grid connected renewable energy prior to the purchase of the electrical installation permit	\$ _____
<input type="checkbox"/> Requested Inspection (for realtor request for energize service, Findings, Inspector Consultation)	\$65.00 per hr \$ _____
<input type="checkbox"/> Residential Spas, Hot Tubs, Swimming Pools <input type="checkbox"/> Residential Electric Space Heating and Air Conditioning	\$65.00 per trip \$65.00 \$ _____ \$ _____

OTHER INSTALLATIONS including SOLAR/RENEWABLE ENERGY

<ul style="list-style-type: none"> • The fees listed under this inspection type shall apply to any and all electrical installations not specifically mentioned elsewhere on this form. This shall include all labor, materials, equipment, overhead and profit, as well as all labor, materials, and equipment supplied by others. The project value cannot be reduced by labor, material or equipment that is donated or supplied by others. At the time of "Final" inspection, the Scope of Work, valuation, and permit fees will be verified. <p style="margin-left: 40px;">Total cost of electrical system (<i>Job Value Amount</i>): \$ _____</p> <ul style="list-style-type: none"> <input type="checkbox"/> Up to \$10,000: (total cost of system x 0.02) + 60 =\$ <input type="checkbox"/> Between \$10,001 - \$100,000: ((total cost of system – 10,000) x 0.01) + \$260 =\$ <input type="checkbox"/> Over \$100,001: ((total cost of system – 100,000) x 0.005) + \$1,160 =\$ <ul style="list-style-type: none"> <input type="checkbox"/> Non-Grid Connected Renewable Energy: requires plan check included with cost of permit. <input type="checkbox"/> Grid Connected Renewable Energy: requires plan check permit number first, please contact the Division of Building Safety Office at 1-800-955-3044 with your plan check permit number to add the installation fees. 	\$ _____ \$ _____
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GRAND TOTAL: \$ _____
 Please transfer this fee to your application

* Living Space – space within a dwelling unit intended for human habitation which may reasonably be utilized for sleeping, eating, cooking, bathing, washing, recreation, and sanitation purposes. An unfinished basement is considered part of the living space.